

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/19/03.

I. DISPUTE

Whether there should be reimbursement for 97265, 97110, 99080, 99215, E0745, 97530, E0745 and L3908 from 9/19/02 through 11/27/02, reduced or denied by the carrier as “N” – not documented, “G” – global to another service, “M” – fair and reasonable, “A” – not preauthorized and “U” – unnecessary medical treatment.

II. FINDINGS

The services denied for lack of medical necessity were dated 9/24/02, 10/3/02, 10/17/02, and 10/29/02. The requestor was ordered to submit payment of the IRO fee as required per Rule 133.308 on 11/4/03 and failed to do so. The services denied for lack of medical necessity were subsequently dismissed by the Commission and will therefore, not be considered in this review.

III. RATIONALE

Rule 133.307 (g)(3)(B) states, “(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor failed to furnish copies of medical reports supporting delivery of service for any of the disputed services. Therefore, all services from 9/19/02 through 11/27/02, denied for either “N” – not documented, “G” – global to another service have insufficient information to establish that the services are either properly documented or global to another service. On this basis, reimbursement is not recommended.

The service 99080 dated 9/24/02 and 10/23/02 and 11/21/02 were submitted without EOBs. Per the Medical Fee Guideline this is a DOP service, however Commission Rule 133.106 (f)(1) states that reimbursement for required reports on prescribed forms is \$15.00. Therefore, reimbursement of \$45.00 is recommended for these three disputed reports.

The DME E0745 (TENS supplies and electrodes), dated 10/15/02, was denied using “A” – not preauthorized. The cost of this equipment is \$15.00, less than the \$500.00 minimum established for preauthorization per Rule 134.600(h)(11). Reimbursement of \$15.00 is recommended.

The DME L3908, dated 11/14/02 was reduced on the basis of “M” – fair and reasonable. The requestor provided no information to rebut the amount offered by the carrier. On this basis, additional reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for L3908 and E0745, in the amount of **\$60.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$60.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6th day of July, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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